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ABSTRACT

The guidelines are intended to assist individuals seeking government or private agency help to obtain funding for the purchase of communication aids or prostheses. First, the need for a communication aid and selection of an aid or prosthesis are considered. Five steps are identified in the process of securing funding and include: (1) selecting a person to coordinate the effort; (2) deciding on the potential funding source or sources to approach, and making contact; (3) providing documentation to the funding source; (4) following up with appeals if necessary; and (5) arranging for purchase and training. Most of the document consists of appendixes which include a resource listing of possible funding sources including personal and/or family resources, insurance companies, government funded programs, service clubs, and foundations; a listing of the state agencies for crippled children; a listing of the state agencies for vocational rehabilitation programs; and a listing of six reference books on funding sources. (DB)

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# GUIDELINES FOR SEEKING FUNDING FOR COMMUNICATION AIDS

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## Purpose

The purpose of this report is to provide guidelines for people who are seeking funding for communication aids/prostheses.

As nonvocal individuals begin to receive appropriate assistance in the development of communication skills, a new problem often emerges. A communication aid is frequently required to maximize the abilities the handicapped person possesses and to provide him/her with the least restricting system for interaction. Resources for funding of communication aids are needed.

Few agencies or programs are specifically mandated to fund the purchase of communication aids. Some agencies or programs, however, have set precedents by funding communication aids, and there are many potential sources of funding within any given community. The process of seeking out and approaching various people and programs within the maze of government, service and private organizations can be overwhelming to anyone unfamiliar with the procedures or the agencies.

The preliminary guidelines presented were developed as a result of the experience of a small group of people in Wisconsin. They are intended as a starting point for other individuals, to assist in organizing plans to obtain funding for the purchase of communication aids/prostheses.

## The Need for a Communication Aid

For some people, particularly those individuals with neuromuscular problems such as cerebral palsy, speech alone may not be a viable means of communication. Though there is variation in the degree to which the speech mechanism (respiratory system, larynx, velopharynx, and articulators) is affected and the severity of the resulting speech problems, many people need to supplement what minimal intelligible speech they have with another communication system in order to successfully interact with others. As limited as they may be physically, communication becomes extremely critical for them, since it serves as the primary vehicle for learning as well as for actively participating in daily activities.

Communication prostheses are as essential to a handicapped person's functioning in our society as a hearing aid or a wheelchair. They are all vehicles for interaction and participation in daily activities. When the physical mechanism for hearing does not function properly and the problem cannot be rectified surgically or medically, a hearing aid is considered an essential medical prosthesis to maximize the residual hearing available to the individual. When a person is unable to walk because his/her legs do not function, a wheelchair is considered an essential medical prosthesis for mobility. A laryngectomee may be provided with an artificial larynx to provide a speech mechanism. When the speech mechanism does not function adequately due to neuromuscular incoordination or paralysis, a medical prosthesis should be provided for that person.

Communication prostheses are especially important if the handicapped person is going to participate actively in the educational process, rather than observing. In school, even with a simple aid, the teacher would have to take time away from the class to interpret the augmentative user's message. One way around that problem would be to provide a transcriber/interpreter. Even a transcriber/interpreter would not be necessary if the

handicapped person had an independent communication aid with which to assemble his/her message. The cost, over a ten-year period, would be considerably less than paying the salary of the interpreter.

When considering vocational placements for the severely physically handicapped person, the type of communication aid/prosthesis is an important consideration. There are now aids available that provide the potential for interfacing with computers as well as having the capacity to control the operation of other devices within a job setting. This capacity opens up the possibility of many jobs which were not considered previously for the severely physically handicapped individual because of physical limitations.

The ramifications are broader than simply medical and educational. Psychologically, the inability to communicate successfully can lead to emotional problems. Aside from academic skills that can be developed using a communication aid, socialization skills and the ability to express one's unique personality also depend on effective means of communication when one is physically unable to express it in other ways.

A communication aid/prosthesis is an essential device to enable an augmentative system user to benefit from programs developed for them and to participate in life around them.

**Selection of Communication Aids/Prostheses**

There are many different kinds of communication aids/prostheses. There are simple letter or picture boards that a person can use by pointing to the appropriate pictures or letters to relay a message. There are also highly advanced electronic aids which interpret the erratic pointing movements of an individual with cerebral palsy. Other systems enable a severely physically handicapped person who cannot point to make a choice by activating a single switch to print out or speak the message, thus enabling him/her to compose an entire message independently. Specialized modifications and software also provide for access to computers and standard software.

Communication aids/prostheses vary in price. A very simple manual communication board may cost as little as $30.00 for materials, while an advanced, fully independent portable aid with voice and printout may cost $2,000 to $4,000. No one system prosthesis is the "best" in all situations. The specific prosthesis chosen for an individual will be selected based on a number of factors, including the individual's:

- present and future communication needs,
- physical abilities,
- cognitive abilities,
- language skills,
- academic skills,
- motivation,
- vocational and educational goals, and
- environmental constraints.

The communication aid/prosthesis which most closely matches the individual's abilities in these areas should be chosen. Even then, some modifications may be necessary.

An augmentative user may begin with a manual communication board; then, as his/her communication skills and needs change and develop, he may need a more advanced aid/system to facilitate his communication attempts. He may need an aid which provides him with access to a larger vocabulary or enables him to construct entire messages independently or provides speech output. In addition, his physical abilities may change over time, and a different technique or aid may be required.

With a severely physically handicapped individual, modifications to a commercially available device or design of a unique system may be necessary. For instance, the communication display may not have a switch that the person can operate. A different switch will have to be found or developed. The switch may need a special mounting system to hold it in position so the person can activate it.

Careful consideration must be given to the individual's present skills and abilities, while maintaining a view toward the future.

**Procedures for Securing Funding**

Once an evaluation has been completed to determine the most appropriate communication system, with its components, there are basically five steps in the process of obtaining funding for a communication aid:

1) Selecting a person to coordinate the effort;
2) Deciding on the potential funding source or sources to approach, and making contact;
3) Providing documentation to the funding source;
4) Following up with appeals if necessary; and
5) Arranging for purchase and training.

***1) Selecting a person to coordinate the effort***

There are often a number of different professional people working with the individual, as well as various family members who would be interested in securing funds for a communication aid. These efforts should be coordinated through one person to avoid duplication of effort. If possible, the person chosen should have some experience with the organization(s) to be approached.

An important early decision is which funding possibility to pursue first. If several people work independently, more than one group or organization may emerge with the necessary monies. One source may be more appropriate than another. Turning down funds may create misunderstandings, making it difficult to obtain funds from that source in another situation. It is also important that the organization not be confused by different presentations of the same request.

*2) Deciding on the potential funding source or sources to approach, and making contact*

There are many potential sources of funding:

- Personal and family resources
- Personal trust funds
- Private medical insurance, industrial insurance, or CHAMPUS government programs
- Crippled Children's Services *(see Appendix B)*
- Medicaid (Title XIX)
- Medicare
- Office of Economic Opportunity programs
- Veterans Administration
- Vocational Rehabilitation programs *(see Appendix C)*
- Service organizations:

  Easter Seal Society
  United Cerebral Palsy
  Elks
  Shriners
  Lions

- Charitable trust funds
- Community fund-raising events

If possible, the individual or family may pay for the prosthesis. Even if they are unable to pay for the entire cost, they may want to pay a portion.

As alternate funding sources, insurance agencies should generally be approached next, followed by government programs. There will be variations in regulations for federal and state or provincial programs, as there will be differences from one state or province to another in the interpretation of the regulations governing these types of requests. At times, it will depend upon whether a precedent has already been set that a particular government agency pay for communication prostheses, whether the individuals in the program are aware of the specific challenges faced by people needing augmentative systems, and whether there are funds available.

Some agencies and programs will turn the applications down. However, the very fact that handicapped individuals have made application to that agency helps to inform people working there of the special needs within the community that are not being met. Even when a request is turned down, it has served another function, that of consciousness-raising within the community. There is usually an appeal process available to you when a request is denied. Many times, requests are granted on the basis of the appeal and the additional information provided. Other person who have communication prostheses may be able to relate the course of action they took in obtaining their prosthesis. It is also useful to know what other government agencies in other states or provinces have funded aids, since that information can be passed along to the local representatives of that government department. For example, in Wisconsin the Bureau for Children with Physical Needs and Medical Assistance have contributed to the purchase of

communication prostheses, while in Illinois the Department of Vocational Rehabilitation has purchased a communication prosthesis.

*(See Appendix A for a general resource listing of potential sources.)*

***3) Providing documentation to the funding source***

Of prime importance when approaching an agency or company for funding is their awareness of the problems faced by persons needing an augmentative communication system. Many agencies will not have received the necessary background information to make an informed decision. This information should be provided by a professional.

Phone contact to check on procedures, to identify contact persons, and to alert the agency or company to this upcoming request is a good starting point. The information may need to be provided on their form. If the contact person has not handled a similar request before, this call is a good opportunity to inform him/her. The information provided should include:

a) Background information about the client, including medical diagnosis, skills and abilities, and current communication and its limitations.

b) Description of evaluation process and results, including the communication aids evaluated.

c) Description of the recommended communication prosthesis: This information should include the special features of the device as they relate to the client's particular needs.

d) List of equipment components and cost. Be sure to include additional paper, ribbons, cables, mounting costs, etc. In some situations, training and therapy charges may also need to be included as part of the package.

e) Statement of the implications of its purchase for the individual's future growth and development as well as present use. This statement may include some discussion of potential influences that the aid may have on vocational considerations for the individual.

f) Medical prescription: This documentation is required when applying to medical insurance programs. It is not always necessary for other programs, but often provides good back-up documentation, especially if you are applying to a medically oriented agency. This documentation may be more influential if it comes from a doctor who has been working with the physically handicapped population.

g) Client financial information may be required.

In spite of a communication prosthesis's broad impact on quality of life for an individual, it may be worthwhile to elaborate on the need for the prosthesis from the perspective and priorities of the agency being approached.

Most communication prostheses will have a great impact on all aspects of a child or adult's life. Of particular significance to a funding agency may be the educational or vocational impact if that is their primary area of involvement. Other agencies will be more concerned with medical aspects of the case, and the comparison of with wheelchairs and hearing aids may serve to illustrate the pervading necessity for the communication prosthesis. Recently, educational and

medical agencies have agreed that a communication aid is not simply a medical prosthesis or an educational aid, but a combined aid to service educational, medical, and vocational needs.

The following example letter includes this information.

*Dr. Jones*
*Medical Consultant*
*Brooks Insurance Company*

*RE: Jane Fountain*

*Dear Dr. Jones:*

*Jane Fountain is a forty-year-old woman with cerebral palsy who exhibits severe spastic dysarthria. She is nonambulatory and has limited movement of her upper extremities. She was seen at the Center for Communicative Disorders on January 20, 19__, for evaluation of her current communication skills and recommendation of possible approaches for augmenting her communication.*

*Speech is unintelligible due to severe dysarthria. Very short weak vocalizations were achieved today (3-second duration). Jane communicates by combining spelling on an eyepointing alphabet board with facial expression.*

*Jane presently lives with her aging mother, who is her primary message interpreter. She is to begin attending a day program at a sheltered workshop, but there is concern that she will not be able to communicate effectively with staff as well as other clients.*

*Evaluation today determined that there is a communication aid presently available which would fit Jane's needs: the _____. This communication aid prosthesis uses a headpointer with a light beam which activates light sensors on a display panel. As the light sensor associated with a particular letter is activated, it prints out the letter on a strip of paper and provides speech output. A complete description of the communication prosthesis is attached.*

*Use of this communication prosthesis will address the following communication needs:*

1) *Jane will be able to gain people's attention to ask for help in case of an emergency.*
2) *It will enable Jane to construct messages independently, thereby freeing message receivers from the task of interpreting eye movement to determine each letter of Jane's message. The current need for message receiver interpretation severely limits the number of people with whom Jane can effectively communicate. The aid will enable her to communicate with more people.*
3) *It will provide written visual feedback of her messages as they are constructed, which will assist in improving spelling and sentence construction.*
4) *It will increase the speed of message construction.*
5) *She will be able to convey basic needs and wants, so she can be less dependent upon her mother for interpretation of messages and care. She will also be able*

*to convey crucial information about her health and medical information to her physician.*

6) *Jane will be able to participate more actively in discussions and decisions, and be less isolated socially.*

*The communication aid costs $2,000.00 and is available from:*

*Company Name*
*Address*

*If additional information is desired, please contact me.*

*Sincerely,*

*Speech Pathologist*

***4) Following up with appeals if necessary***

Most insurance companies, state and federally funded programs have an appeal process when requests are denied. It has been our experience that appeals are frequently successful. Therefore, it is worth exploring the procedure. Sometimes this procedure is simply writing a letter to contest the rationale for denial. In other instances, there is a hearing before a claims officer, where you and the user will have an opportunity to present your case.

***5) Arranging for purchase and training***

Once an agency agrees to fund an aid, there are financial arrangements that must be formalized, such as proper invoicing and letters of confirmation. Where several organizations have agreed to share the cost, it is imperative that each be informed of the fund arrangements and that copies of all letters be available to each party.

Many vendors now charge for set-up and delivery of equipment. This charge usually includes training time (approximately two hours). Evaluation centers may also charge for training or therapy time to work with the user and the system, and to assist in selecting vocabulary, programming, training in use and maintenance. Some specialized systems require more intense training for support staff or family (e.g., Minspeak). Depending on the agency from whom funding is being sought, it may be advisable to include charges for training. (For example, if a grant is being solicited from the Special Education Department and state discretionary funds, it would be advisable to include all related costs.)

When funding has been approved, documentation of the approval may be needed by the vendor before an order can be processed. It is helpful for all support staff and family to be involved in the training. The more people that are comfortable with the equipment, the better for successful implementation of the therapy goals with the communication prosthesis.

When the communication prosthesis is received, a letter of thanks from the nonvocal individual and his/her family to the providing agency(s) would be welcomed. Such a letter would serve to reinforce the need for the prosthesis and its positive results and influence on the individual's life.

# APPENDIX A
# RESOURCE LISTING OF POSSIBLE FUNDING SOURCES

This list is not exhaustive, but is meant to be illustrative of possible routes to follow.

***Personal and/or Family Resources***

Families may purchase the communication prosthesis themselves or provide for part of the cost. By investing some of their own funds in an aid, the family members may feel that they are more actively participating in their family member's habilitation program and be more concerned about maintenance and use of the prosthesis.

***Insurance Companies***

Although insurance companies are potential sources of funding for communication prostheses, there has been inconsistency in the success of contacts with them. The two major issues appear to be:

1) the type of coverage, and
2) the medical condition resulting in the need for an augmentative communication system.

Some coverage is only for hospital stays, and may not cover equipment needed once the individual leaves the hospital. It may be possible to get around this situation by ordering the communication prosthesis as a medical prescription while the person is in the hospital.

Some insurance policies do not cover chronic conditions such as cerebral palsy, but would cover a person injured in an accident.

The type of company and coverage varies. The are private, industrial, medical/health insurance as well as special sources of insurance (e.g., CHAMPUS -- the Civilian Health and Medical Program of the Uniformed Services).

Apart from the differences in coverage depending on the policy, the insurance companies still need to receive these requests as a means of acquainting them with the problems of individuals needing augmentative communication systems and the potential solutions that are becoming available. Even if the chances of success in approaching an insurance company appear slim, this definitely should be the second route taken.

***Government Funded Programs***

The following federal programs may provide funds for the purchase of communication prostheses. The specific objectives of each program and the problems that are addressed will determine whether a given request will be approved.

As examples:

1) The Handicapped-Research and Demonstration Program may not permit purchase of an aid for an individual child, but would approve purchase of a communication prosthesis for use in a particular research or demonstration project.

2) Crippled Children's Services is a program to provide financial support to states. Individual states determine how the money will be utilized and specific policy regarding programs. Although Crippled Children's Service in one state may agree to pay for part or all of a communication aid for a child, another state may decide that its funds cannot be used in that way.

3) Local special education departments may have 94.142 flowthrough funds or discretionary funds that could be used creatively for purchase of needed equipment.

4) Local school boards may allocate funds if a specific request is made to them, especially if the equipment will provide access to standard educational experiences, as mandated under the law.

5) Vocational rehabilitation programs may consider equipment necessary for educational or vocational programs.

The following government program descriptions were excerpted from the 1987 Catalog of Federal Domestic Assistance, Executive Office of the President, Office of Management and Budget, Washington DC 20503.

17.248 Employment and Training Research and Development Projects

Federal Agency: Employment & Training Administration, Department of Labor

Objectives: To support employment and training studies needed to develop policy and programs for achieving the fullest utilization of the Nation's human resources; to develop through actual project operation, new ideas and improved techniques and to demonstrate methods in meeting the employment, the training problems of worker groups particularly difficult to employ.

Assistance: Project grants.

For Further Information:
Headquarters Office
Chief, Division of Research and Demonstration
Employment and Training Administration
Department of Labor
Washington, DC 20210
Contact: Lafayette Grisby
202/535-0677

13.801 Medicare-Supplementary Medical Insurance

Federal Agency: Health Care Financing Administration, Department of Health and Human Services

Objectives: To provide insurance protection against most costs of health care to persons 65 or over and certain disabled persons who elect this coverage.

Assistance: Direct payments for specified use.

For Further Information:
Headquarters
John Berry, Director
Bureau of Program Operation
Room 300 Meadows East Building
Health Care Financing Administration
Baltimore, MD 21207
301/594-9000

13.802 Social Security - Disability Insurance

Federal Agency: SSA, Department of Health and Human Services

Objectives: To provide part of the earnings lost because of a physical or mental impairment severe enough to prevent a person from working.

Assistance: Direct payments for unrestricted use.

For Further Information:
Headquarters Office:
Office of Public Inquiries
Room 4100, Annex
Social Security Administration
Baltimore, MD 21235
301/594-5970

64.116 Vocational Rehabilitation for Disabled Veterans

Federal Agency: Department of Veterans Benefits, Veterans Administration

Objectives: To train veterans for the purpose of restoring employability, to the extent consistent with the degree of service-related disability.

Assistance: Direct payments with unrestricted use; direct loans; advisory services; training.

For Further Information:
Veterans Administration
Central Office
Washington, DC 20420

64.013 Veterans Prosthetics Appliances

Federal Agency: Department of Medicine and Surgery, Veterans Administration

Objectives: To provide prosthetic and related appliances and services to disabled veterans where they may live and work as productive citizens.

Assistance: Sale, exchange, or donation of property or goods.

For Further Information:
Initial Contact:
Prosthetic Department,
87 Field Stations,
VA Hospitals

Headquarters:
Assistant Chief Medical Director
for Clinical Affairs
Veterans Administration Central Office
Washington, DC 20420
202/233-2011

*Service Clubs*

These organizations are listed as potential sources of funds. Some groups may take on a special project, such as raising funds for a communication aid, while others will donate an amount toward the purchase of an aid.

Service clubs' reactions to such requests will vary depending upon their specific priorities and how the listed prefer to provide community service rather than individual assistance, but they have a stated interest in communication problems.

Service club descriptions are excerpted from ***Encyclopedia of Associations***, Karin E. Koek and Susan Boyles Martin, Editors, Volume I, National Organizations of the United States, 22nd Edition, Gale Research Co., 1988.

Civitan International
P.O. Box 2102
Birmingham, AL 35201

Service organization of business and professional men and women interested in promoting good citizenship on local, national, and international levels. One of its projects is "Aid to the Physically and Mentally Handicapped."

International Sunshine Society
105 Marsh Road
Wilmington, DE 19809
302/764-1405

Philanthropic organization.

Lions International
300 2nd Street
Oak Brook, IL 60570
312/571-5466

International association of business and professional men to promote better international relations. Many service activities, including health service, services for hearing impaired.

National Assistance League
5627 Fernwood Avenue
Los Angeles, CA 90028

"To act as a friend at any and all times to men, women and children in need of care, guidance, and assistance, spiritually, materially, and physically." Each chapter

controls and administers at least one philanthropic project of its own -- including hearing, speech and blind centers, day nurseries, etc.

National Association of Negro Business and Professional Women's Clubs
1806 New Hampshire Avenue NW
Washington, DC 20009
202/483-4206

To provide enriching and ennobling experiences that will create freedom, dignity, self-respect and self-reliance. Offers information and help in regard to education, employment problems of aging, handicapped and disabled.

Optimist International
4494 Lindell Blvd.
St. Louis, MO 63108
314/371-6000

International federation of business, industrial and professional men's service clubs. Member clubs are dedicated to inspiring respect for law, aiding and encouraging development of youth, promoting active interest in government and civic affairs.

Indoor Sports Club
1145 Highland Street
Napoleon, OH 43534
419/592-5756

Social, benevolent and rehabilitative organization for physically disabled persons. To provide entertainment and amusement for disabled persons and shut-ins, seek aid for needy disabled persons, provide opportunities for active participation in civic affairs and promote a better understanding and acceptance of the seriously disabled by the able-bodied.

Quota International
1420 21st Street NW
Washington, DC 20036
202/331-9694

Civic service club for women holding executive positions in business and the professions. Supports service to the speech and hearing handicapped.

Round Table International
30707 Butia Palm
Homeland, CA 92348
714/926-4517

Federation of men's service clubs, using the King Arthur legends to interpret the idea of service, and emphasizing work with youth, college and high school students, with special program for handicapped and mentally retarded youth.

Ruritan International
P.O. Box 487
Ruritan Road
Dublin, VA 24084
703/674-5431

Mens' civic service clubs in towns of 5,000 or less. To create better understanding between people, communities and business; to aid in charitable work; to promote industrial and agricultural growth.

Sertoma International
1900 E. Meyer Blvd.
Kansas City, MO 64132

Civic service club of business and professional men in all classifications. To render "Service to Mankind." Sponsors speech and hearing services among others.

Singles in Service
P.O. Box 164
Arpertino, CA 95014

Unmarried women, ages 18 and over, dedicated to charitable purposes, particularly those projects not already supported by other organizations.

***Foundations***

There are countless foundations in existence throughout the world. There may be some regional constraints on where the money can be used, or special interests espoused by a particular foundation.

Appendix D lists resource books that provide excellent information about foundations in the United States. Some books are available in the reference departments of libraries that name specific groups that are potential funding sources. These books also served as references for the preparation of this document.

***Information Sources***

Included in this list are special health organizations that:

- May provide direct financial assistance in the purchase of communication aids;
- May know of specific community resources that could be tapped (such as trust funds or local foundations);
- May advocate for funds to other organizations.

American Parkinson Disease Association
116 John Street, Suite 417
New York, NY 10038
212/732-9550

AmVets (American Veterans of World War II, Korea, and Vietnam)
4647 Forbes Blvd.
Lonham, MD 20706
301/459-9600

Muscular Dystrophy Association, Inc.
810 Seventh Avenue
New York, NY 10019
212/586-0808

Myasthenia Gravis Foundation
7-11 S. Broadway
Suite 304
White Plains, NY 10601
914/328-1717

National Association of the Physically Handicapped
76 Elm Street
London, OH 43140
614/852-1664

National Easter Seal Society
2023 W. Ogden Avenue
Chicago, IL 60612
312/243-8400

National Multiple Sclerosis Society
205 E. 42nd Street
New York, NY 10017
212/986-3240

The National Society for Children and Adults with Autism
1234 Massachusetts Avenue NW
Suite 1017
Washington, DC 20005
202/783-0125

National Institute for Rehabilitation Engineering
Consumer Advisory Service
97 Decker Road
Butler, NJ 07405
201/838-2500

United Cerebral Palsy Associations, Inc.
66 E. 34th Street
New York, NY 10016
212/481-6300

## APPENDIX B:
## STATE AGENCIES FOR CRIPPLED CHILDREN

(These agencies can be contacted for listings of programs, centers, funding sources, etc., throughout each state)

ALABAMA Rehabilitation and Crippled Children's Services
2129 E. South Blvd.
Montgomery, AL 36111
(205) 281-8780

ALASKA State Department of Health and Social Services
Division of Public Health
Family Health Section
Box H-06B
Juneau, AK 99811
(907) 465-3100

ARIZONA Phoenix Children's Hospital
1111 E. McDowell
Phoenix, AZ 85006
(602) 239-2400

ARKANSAS Department of Social and Rehabilitative Services
Arkansas Social Services
Children's Medical Services
P.O. Box 1437
Little Rock, AR 72203
(501) 682-2277

CALIFORNIA State Department of Health
California Children's Services
714 P St.
Sacramento, CA 95814
(916) 322-2090

COLORADO Department of Health
Handicapped Children's Program
4210 E. 11th Ave.
Denver, CO 80220
(303) 388-6111

CONNECTICUT State Department of Health
Health Services for Handicapped Children
150 Washington St.
Hartford, CT 06116
(203) 566-2057

DELAWARE Bureau of Personal Health
Division of Public Health
P.O. Box 367
Dover, DE 19903
(302) 736-4767
FTS: 8-487-6011

DC, WASHINGTON Department of Human Resources
Bureau of Maternal and Child Health
1875 Connecticut Ave., N.W.
Washington, D.a.: 20009
(202) 673-6670

FLORIDA Dept. of Health and Rehabilitative Services
Children's Medical Services Program
Building 5, 1317 Winewood Blvd.
Tallahassee, FL 32399
(904) 487-2690

GEORGIA Department of Human Resources
Division of Physical Health
878 Peach Tree St. N.E.
Atlanta, GA 30309
(404) 894-4081

HAWAII State Department of Health
1590 Miller St.
P.O. Box 3378
Honolulu, HI 96813
(808) 548-5830

IDAHO State Department of Health and Welfare
Bureau of Child Health
Crippled Children's Services
State House
700 W. State St.
Boise, ID 83720
(208) 334-5962

ILLINOIS Division Services for Crippled Children
2040 Hill Meadows Drive, Suite A
Springfield, IL 62702
(217) 793-2350
FTS: 8-956-7001

INDIANA State Department of Public Welfare
Division of Services for Crippled Children
Room 701
100 N. Senate Ave.
Indianapolis, IN 46204
(317) 232-4283

IOWA State Child Health Services
Room 247
University Hospital School
University of Iowa
Iowa City, IA 52242
(319) 356-1117

KANSAS State Department of Health & Environment
Bureau of Maternal & Child Health
Land & State Building
900 S.W. Jackson
Topeka, KS 66612
(913) 296-1500 x 437

KENTUCKY State Department of Human Resources
Bureau for Health Services
275 E. Main St.
Frankfort, KY 40621
(502) 564-4830

LOUISIANA Department of Health & Human Resources
Handicapped Children's Program
325 Loyola Ave.
New Orleans, LA 70112
(504) 568-5048

MAINE Division of Maternal & Child Health
Department of Human Resources
State House, Station 11
151 Capital St.
Augusta, ME 04333
(207) 289-3311

MARYLAND Department of Health & Mental Hygiene
Division of Handicapped Children
303 E. Fayette St., 2nd Floor
Baltimore, MD 21202
(301) 396-4476

MASSACHUSETTS State Department of Public Health
Division of Family Health
153 Treemont St.
Boston, MA 02111
(617) 727-3372

MICHIGAN Department of Public Health
Bureau of Maternal & Child Care
3500 N. Logan St.
Lansing, MI 48914
(517) 335-8961

MINNESOTA Department of Health
Handicapped Children's Services
717 Delaware St. S.E.
Minneapolis, MN 55440
(612) 623-5165

MISSISSIPPI State Board of Health
Bureau of Family Health Services
2423 N. State
P.O. Box 1700
Jackson, MS 39215
(601) 960-7463

MISSOURI Department of Social Services
Division of Health
Special Children's Services
1738 E. Elm
Broadway State Office Building
Jefferson City, MO 65101
(314) 751-6400

MONTANA Department of Health and Environmental Sciences
Health Services Division
Maternal and Child Health
Cogswell Building
Helena, MT 59620
(406) 444-4740

NEBRASKA Department of Public Welfare
Department of Social Services
301 Centennial Mall, South
P.O. Box 95026
Lincoln, NE 68509
(402) 471-3121 x 186

NEVADA State Department of Human Resources
Division of Public Health
505 E. King St.
Room 205, Capital Complex
Carson City, NV 89710
(702) 885-4885

NEW HAMPSHIRE State Department of Health & Welfare
Division of Public Health
Health & Welfare Building
6 Hazen Drive
Concord, NH 03301
(603) 271-4501

NEW JERSEY State Department of Health
Special Children's Health Services
Health and Agricultural Building
336 W. State St.
Trenton, NJ 08625
(609) 292-5676
FTS: 8-477-5676

NEW MEXICO Health and Social Services Department
Office of Family Services
P.O. Box 2348
Santa Fe, NM 87504
(505) 827-4372

NEW YORK State Department of Health
Bureau of Medical Rehabilitation
Corning Tower Building
Empire State Plaza
Albany, NY 12237
(518) 474-2084
FTS: 8-564-1911

NORTH CAROLINA Department of Human Resources
Division of Health Services
P.O. Box 2091
Raleigh, NC 27602
(919) 733-7437

NORTH DAKOTA Social Service Board
Crippled Children's Services
Department of Human Services
State Capitol Building
Bismarck, ND 58505
(701) 224-2436

OHIO State Department of Health
Division of Maternal and Child Care
State Office Towers
30 E. Broad St.
P.O. Box 530
Columbus, OH 43266
(614) 466-3236
FTS: 8-942-3263

OKLAHOMA Department of Institutions
Social and Rehabilitative Services
Disabled Children's Unit
940 N. E. 13th
Oklahoma City, OK 73104
(405) 271-3902

OREGON Crippled Children's Division
University of Oregon Medical School
707 S.W. Gaines Rd.
P.O. Box 574
Portland, OR 97207
(503) 279-8362

PENNSYLVANIA State Department of Health
Division of Rehabilitation
Children's Rehabilitation Services
Room 714
P.O. Box 9-D
Harrisburg, PA 17108
(717) 783-5436

RHODE ISLAND Department of Health
Division of Family Health
75 Davis St.
Providence, RI 02908
(401) 277-2312

SOUTH CAROLINA Department of Health & Environmental Control
Infant's, Children's and Mother's Program
2600 Bull St.
Columbia, SC 29201
(803) 734-4660

SOUTH DAKOTA State Department of Health
Division of Health Services
523 E. Capital
Pierre, SD 57501
(605) 773-3361

TENNESSEE State Department of Public Health
Maternal and Child Health
100 9th Ave. N.
Nashville, TN 37219
(615) 741-7335

TEXAS Department of Health
Maternal & Children's Health Services
100 W. 49th St.
Austin, TX 78756
(512) 458-7700

UTAH State Division of Health
Handicapped Children's Services
288 N. 1460 W.
P.O. Box 16650
Salt Lake City, UT 84116
(801) 538-6165

VERMONT Department of Health
Handicapped Children's Health Services
1193 North Ave.
P.O. Box 70
Burlington, VT 05402
(802) 863-7338

VIRGINIA State Department of Health
Division of Hospital Medical Services
Handicapped Children's Health Services
109 Governor St.
Richmond, VA 23219
(804) 786-3691
FTS: 8-936-3691

WASHINGTON Department of Social & Health Services
Division of Health Services
Child Health Section
617 E. 8th
P.O. Box 9245-HA-11
Olympia, WA 98504
(206) 753-2571

WEST VIRGINIA State Department of Welfare
Division of Handicapped Children's Services
1116 Quarrier St.
Charleston, WV 25301
(304) 348-3071
FTS: 8-885-3071

WISCONSIN State Department of Public Instruction
Bureau for Children With Physical Needs
125 S. Webster
P.O. Box 7841
Madison, WI 53707
(608) 266-3886
FTS: 8-366-3886

WYOMING State Department of Health and Social Services
Division of Health and Medical Services
Hathaway Office Building, 4th Floor
Cheyenne, WY 82002
(307) 777-7121

## APPENDIX C
## STATE AGENCIES FOR VOCATIONAL REHABILITATION PROGRAMS

ALABAMA Rehabilitation And Crippled Children Services
2129 E. South Blvd.
Montgomery, AL 36111
(205) 281-8780

ALASKA Office of Vocational Rehabilitation
P.O. Box F
Juneau, AK 99811
(907) 465-2814

ARIZONA Rehabilitation Services Bureau
Department of Economic Security
1400 W. Washington St.
Phoenix, AZ 85007
(602) 271-3332

ARKANSAS Department of Social and Rehabilitation Services
300 Donaghey Plaza North
P.O. Box 3781
Little Rock, AR 72203
(501) 682-6709

CALIFORNIA Department Of Rehabilitation
2225 19th St.
Sacramento, CA 98518
(916) 322-8500

COLORADO Department of Social Services
Division of Rehabilitation
Rt. 1575 Sherman St. 4th Floor
Denver, CO 80203
(303) 866-4390

CONNECTICUT State Department of Education
Division of Vocational Rehabilitation
600 Asylum Ave.
Hartford, CT 06105
(203) 566-4100

DELAWARE Department of Labor
Division of Vocational Rehabilitation
P.O. Box 8862
Wilmington, DE 19899
(302) 571-2860

DISTRICT OF COLUMBIA Department of Human Resources
Bureau of Rehabilitation Services
801 N. Capital St. N.E. Suite 700
Washington, D.a.: 20002
(202) 727-0518

FLORIDA Department of Health and Rehabilitation Services
Office of Vocational Rehabilitation
1709A Mahan Dr.
Tallahassee, FL 32399
(904) 488-6210

GEORGIA Department of Human Resources
Division of Vocational Rehabilitation
852 Twin Towers East
Atlanta, GA 30334
(404) 656-2621

HAWAII Department of Social Services and Housing
Division of Vocational Rehabilitation
191 Bachelot St.
Honolulu, HI 96817
(808) 548-6367

IDAHO Division of Vocational Rehabilitation
LBJ Building - Room 150
1650 W. State
Boise, ID 83204
(208) 334-3390

ILLINOIS Division of Vocational Rehabilitation
623 E. Adams St.
P.O. Box 19429
Springfield, IL 62794
(217) 782-2093

INDIANA Rehabilitation Services
3737 N. Meridian
Indianapolis, IN 46208
(317) 232-1698

IOWA Department of Public Instruction
Rehabilitation Education & Services Branch
510 E. 12th
Des Moines, IA 50319
(515) 281-4311

KANSAS Department of Social & Rehabilitative Services
Division of Vocational Rehabilitation
2700 W. 6th - Biddle Building
Topeka, KS 66606
(913) 296-3911

KENTUCKY Department of Education
Bureau of Vocational Rehabilitation Services
Capital Plaza Office Tower
Frankfort, KY 40601
(502) 564-4440

LOUISIANA Department of Health and Human Services
Division of Rehabilitation Services
1755 Florida Blvd.
Baton Rouge, LA 70804
(504) 342-2285

MAINE Bureau of Rehabilitation
32 Winthrop St.
Augusta, ME 04330
(207) 289-2266

MARYLAND Division of Vocation Rehabilitation
200 W. Baltimore St.
Baltimore, MD 21201
(301) 333-2294

MASSACHUSETTS Rehabilitation Commission
Park Plaza
Statler Office Building
Boston, MA 02116
(617) 727-2172

MICHIGAN Department of Education
Vocational Rehabilitation Service
P.O. Box 30010
Lansing, MI 48909
(517) 373-3390

MINNESOTA Division of Vocational Rehabilitation
Department of Economic Security
390 N. Robert St., 5th Floor
St. Paul, MN 55101
(612) 296-5616

MISSISSIPPI Division of Vocational Rehabilitation
932 N. State St.
P.O. Box 1698
Jackson, MS 39215
(601) 354-6825

MISSOURI Department of Elementary and Secondary Education
Division of Vocational Rehabilitation
2401 East McCarty
Jefferson City, MO 65101
(314) 751-3251

MONTANA Social & Rehabilitation Services
Rehabilitation Services Division
P.O. Box 4210
Helena, MT 59604
(406) 444-3860

NEBRASKA State Department of Education
Division of Rehabilitation Services
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509
(402) 471-2961

NEVADA Department of Human Resources
Rehabilitation Division
Kinkead Building, Room 502
505 E. King St.
Carson City, NV 89710
(702) 885-4440

NEW HAMPSHIRE State Department of Education
Division of Vocational Rehabilitation
78 Regional Ave.
Concord, NH 03301
(603) 271-3471

NEW JERSEY Department of Labor & Industry
Division of Vocational Rehabilitation Services
Labor & Industry Building, Room 1005
CN 398
John Fitch Plaza
Trenton, NJ 08625
(609) 292-5987

NEW MEXICO Department of Education
Vocational Rehabilitation
604 W. Sammateo
Santa Fe, NM 87503
(505) 827-3529

NEW YORK Department of Education
Office of Vocational Rehabilitation
99 Washington Ave.
Albany, NY 12230
(518) 474-3941

NORTH CAROLINA Department of Human Resources
Division of Vocational Rehabilitation
State Office
620 N. West St., Box 26053
Raleigh, NC 27611
(919) 733-3364

NORTH DAKOTA Division of Vocational Rehabilitation
1025 N. 3rd St., Box 1037
Bismarck, ND 58501
(701) 224-3180

OHIO Rehabilitation Services Commission
400 E. Campus View Blvd.
Columbus, OH 43235
(614) 438-1200

OKLAHOMA Department of Institutions, Rehabilitation Services
Division of Rehabilitation and Visual Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 424-6006

OREGON Department of Human Resources
Vocational Rehabilitation Division
2045 Silverton Rd. N.E.
Salem, OR 97310
(503) 378-3830

PENNSYLVANIA Bureau of Vocational Rehabilitation
1300 Labor and Industry Building
7th & Forster Streets
Harrisburg, PA 17120
(717) 787-5244

RHODE ISLAND Vocational Rehabilitation Division
40 Fountain St.
Providence, RI 02903
(401) 421-7005

SOUTH CAROLINA Vocational Rehabilitation Department
1410 Boston Ave.
West Columbia, SC 29171
(803) 739-5302

SOUTH DAKOTA Department of Social Services
Division of Rehabilitation Services
State Office Building
Illinois St.
Pierre, SD 57501
(FTS OPERATOR) 782-7000 or 773-3195

TENNESSEE Division of Vocational Rehabilitation
400 Deaderick
11th Floor
Nashville, TN 37219
(615) 741-2095

TEXAS Rehabilitation Commission
118 E. Riverdale Dr.
Austin, TX 78704
(512) 447-0100

UTAH Division of Rehabilitation Services
250 E. 5th S.
Salt Lake City, UT 84111
(801) 533-5991

VERMONT Department of Social and Rehabilitative Services
Vocational Rehabilitation Division
103 S. Main St.
Montpelier, VT 05676
(802) 241-1000

VIRGINIA Department of Rehabilitation Services
4901 Fitzhugh Ave.
Richmond, VA 23230
(804) 367-0316

WASHINGTON Department of Social and Health Services
Division of Vocational Rehabilitation
P.O. Box 1788 (Mail Stop 311)
Olympia, WA 98504
(206) 753-2544

WEST VIRGINIA Division of Vocational Rehabilitation
Barron Drive
Institute, WV 25112
(304) 776-4600

WISCONSIN Department of Health and Social Services
1 W. Wilson St.
P.O. Box 7856
Madison, WI 53707
(608) 266-7450

WYOMING Division of Vocational Rehabilitation
Hathaway Building, West
Cheyenne, WY 82002
(307) 777-7387

GUAM Department of Vocational Rehabilitation
P.O. Box 10-C
Agana, GU 96910
Overseas 472-8806

PUERTO RICO Department of Social Services
Vocational Rehabilitation Services
P.O. Box 1118
Hato Rey, PR 00919
(809) 725-1792

VIRGIN ISLAND Department of Social Welfare
Division of Vocational Rehabilitation
P.O. Box 539
St. Thomas, VI 00801

## APPENDIX D
## REFERENCE BOOKS

1. The Foundation Grants Index, 1987
   John Clinton, Editor

2. The Foundation Directory
   11th Edition
   Loren Wrenz, Editor
   The Foundation Center, NY, 1987

3. 1987 Catalog of Federal Domestic Assistance
   Executive Office of the President
   Office of Management and Budget
   Washington, D.a.: 20503

4. Encyclopedia of Associations
   Karin E. Koek and Susan Boyles Martin, Editors
   Vol I. National Organizations of the United States
   22nd Edition - Gale Research Co. 1988

5. The Many Faces of Funding
   Anna Hoffman
   Phonic Ear, Inc.
   250 Camino Alto
   Mill Valley, CA 94941

6. Funding of NonVocal Communication Aids: Current Issues and Strategies
   Virginia Ruggles
   Muscular Dystrophy Association
   810 Seventh Avenue
   New York, NY 10019
   (also available from the Trace Center)